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DUPLICATION NO.	SUBJECT NAME	TEST NAME/INVENTOR	ATTESTED EXACT SIZE	EXPIRATION DATE
10050-6-23	095772886	Excess Invention	1573400'	46.33

## TITLE OF INVENTION: HAIR TREATMENT COMPOSITIONS

NAME, TITLE	ORGANIZATION	ADDRESS, CITY	TELEPHONE NO.	TELETYPE NO.	TELEX NO.	DATE
Mr. J. H. Smith	NO	1234	5678	90	1234	11/10/1968

NAME	AGE	CLASS
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VENKAT, POORNIMA A	1619	624-070120
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1. Change of correspondence address is indication of "Yes Address" (37)	2. Eye printing on the patent front page. (14)	Karen E. Klumag
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|---|--|-----------------|
| 1 Change of correspondence address to include of "The Address" CP (R 1, 367).                                       | 2 1-5 printing on the patent front page.   | Karen E. Klumas |
| 3 Change of correspondence address for Change of Correspondence Address form PTO/502 (L2, 301, 408)                 | 4 1-5 the names of up to 3 registered patent attorneys or agents OR alternates.  |                 |
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§. Change in Entity Status. Group status indicated above.

- ☐ **4.** Applicant classifies **SMALL ENTITY** name. See 37 CFR 1.27

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